

GLUE SNIFFING: EXPLORATORY HYPOTHESES ON THE  
PSYCHOSOCIAL DYNAMICS OF RESPIRATORY INTRAJECTION

by

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I have been asked to talk to you about a syndrome which we are confronting with increasing frequency in a very young population--a behavior pattern which goes by the name of glue sniffing. In order to do so, I shall, with your permission, try to present first, a perspective I find useful in approaching this topic, a perspective I have also used in related inquiries.

I've done some studies of the "substance" scene--participant studies. I went out into the street and lived there and "dug" the scene--the subculture--using an anthropological approach, not bothering to analyze what I was doing while I was doing it--then, about 6 months later, putting on my professional mind and writing it all down. I did the same sort of thing with the LSD subculture, and, before that, a similar study of "the beats."

As you can see from the title, I'm still engaged in what you might call the exploratory stages of a project--reading everything in sight, picking people's brains, thinking about it, going to sleep with worries and waking up with answers that I don't understand, etc. We're trying to do something about some glue sniffing problems on Long Island, which involve middle class, and lower-upper class kids who are involved not only in glue but (and I think this is characteristic of the whole field of substance abuse) the whole subculture of pharmacophilia, or the desire to use pharmacological agents. The variety of substances is beginning to resemble a well stocked bar. For example, if some people come to your house, you give them what they want depending on the kind of mood they're in. If they've been out playing tennis they want a tall gin--if they've just had dinner they want Armagnac or a punchy brandy or something like that. The drug scene is getting to be like that. The kids are getting to be quite hip. They are developing a pharmacological "bar." There are substances which they will use on specific occasions for specific effects. Nevertheless research design calls for measuring one input variable on another input variable so we're just going to study glue in this particular population although we are aware of its context. So I've put together some exploratory ideas. I've responded to an invitation to make some psychoanalytic noises which I love to do because it confounds the anomie theoreticians.

## The Narcotic Scene

I don't have a written paper, but I have some notes from which I'll attempt to speak. They're in three stages. I'll say something about the narcotic perspective because there are some things in it which are similar in the glue population. Then I'll talk more specifically about some of the characteristics of the glue population. Then I'll try to make some theoretical sense.

Personality Characteristics. To plunge into the narcotics scene--in summary, it is, by comparison, very well studied. We know a lot about narcotics and not terribly much about glue. The most recent authoritative compendium on narcotics, "The Road to H" (by Isadore Chein and his associates), informs us about the personality characteristics of addicts. They are usually weak-egoed adolescents; there is defective super-ego formation; there are inadequate and, sometimes less adequate masculine identifications; they have poor future orientations. In my opinion, they also tend to experience what Sandor Rado referred to as the "alimentary orgasm." That's the feeling of orgasm except higher--in the gut--not in the genitals.

Family Characteristics. We know that addicts tend to come from broken families, that these are matrifocal, if not matriarchal. There is either an absent or a tyrant father figure which fulfills the Chein paradigm. And, most of the known narcotics users in the country, in large percentages are of Negro, Puerto Rican, Mexican, or Spanish-American ethnicities.

Sub-Cultural Characteristics. These include, as you know, urban ghetto residence; i. e., highly alienated, low socio-economic status, high unemployment, low educational expectations (that is, they don't expect to get much school but if you ask them how much they hope for--a good deal. Spergel has written a whole book about that). There is a narcotics subculture. It has its own language. It has its own argot--"turn on," "fix," "shoot," "spike," "nail," etc.

But there are some differences between the narcotics people and other subcultures. I know you've been burdened with a list of substances that people use, but I'm going to put them into some classes. I've put together (1) pot, with hashish, mescaline, peyote, and the simple hallucinogens. These trigger pretty

pictures. Then there's (2) LSD, psilocybin, DMT, . . . and a whole bunch of psychedelics. These are trips. You take off not only with pictures but with feelings. And then there are (3) the amphetamines about which we've just heard. They are variously called Dex, speedballs and in that same category I'd put coke (Cocaine). These are known in the argot of contemporary junkies as "ups" or "speeds." Then there's (4) the whole business of tranquilizers which are to me symbolically very interesting because of the way the tranquilizer revolution came about. Medical directors on the staffs of "mental hospitals"--so called--found they were crowded and were besieged by a huge population explosion and the drugs were very good as order-makers. The same sort of thing is taking place in the city, in the streets. The streets are crowded and there's alienation out there and the enforcement personnel are feeling besieged and put upon, so the kids are taking drugs, medicating themselves. And then, last but not least, we have (5) cigarettes, alcohol, coffee, coca-cola--all of which in varying degrees, develop high levels of what is technically called habituation, but I would argue for emotional dependence, alcohol works this way too. However, the fact that we have six million known alcoholics in this country, and only about 300,000 people on the junk scene, raises some questions about social priorities. Why are we so disturbed about one and not the other?

### The Glue Scene

The similar personality, family, and sub-cultural characteristics in the glue scene which have emerged from the literature are as follows, as far as I can make out: The high which is brought about by the glue sniff resembles the alcohol high more than any other high, but there is a rather extensive literature on the fact that kids are also using gasoline, ether, toluene, lighter fluid (2 cases of lighter fluid addiction are reported in a British Medical Journal). An extensive bibliography available from the U.S. Poison control center, documents the impression that there seems to be an endless list of substances which kids can use to "get high."

We've had a review of the Damage literature so I won't go into that at all. But I would say that from reported studies, the indications are that people who are sniffing glue tend to go on to alcohol, not to drugs.

Personality Characteristics. Now as to the personality characteristics of the glue-user, to the extent that we know him, the major thrust of the literature is that we are not here dealing with an adolescent problem. We are dealing with a pre-adolescent problem, with kids who are 9, 10 and 11 years old. And that is not adolescence. It seems to be a specifically pubescent difficulty, not a post-pubescent, or a latency-adolescent sort of thing. It's not so much that they have damaged or defective super-egos as they have extremely immature super-egos. There are also incomplete male identifications--not just defective ones but incomplete ones, as evidenced by the fact that reports of glue parties show a high incidence of heterosexual and homosexual play, but not intercourse. Finally, filling out Chein's paradigm, the future orientations of the glue-sniffers seem to be even more fragmented and incomplete, partly because they're much younger.

Family Characteristics. Now, the family characteristics of the glue sniffers (there's a nice paper on this in the American Journal of Psychiatry by Ackerly): He notes that sniffers come from broken families, which are similarly matrifocal if not matriarchal. There is either an absent or a tyrant father figure. A good deal of the literature reports on the Spanish-American subculture. It is classically known that in the Latin cultures, there is a more permissive mother figure--she's far more indulgent, even to the point of overprotection. Furthermore, in the Spanish culture there is a tradition known as machismo, that is to say, a man is supposed to be strong and potent, he is supposed to be an extraordinary male. It is expected that he will be so, because his father is an extraordinary male. But there's the great paradox in the Spanish-American glue-sniffers: they are expected simultaneously to be machos, but there is no macho-model (i.e., strong father figure) so this is machismo without a macho. It's a little tough to do. (Some of these ideas are in a very readable book Oscar Lewis has just put out--La Vita--you will find there documentation for this machismo idea.) I just want to say in summary of this point, that the meaning of a boy baby and the meaning of a man is quite different in the Spanish-American culture from what it is in the Negro-American culture. This difference will have to be considered in some of the psychoanalytic ideas I will mention later on.

Sub-Cultural Characteristics. There are a few tentative generalizations in this area, which are similar but they are not identical to the narcotics scene. For example, we know that there are similar urban ghetto indices, i. e., alienation. However, we must balance this by saying that, either because we don't have full reporting, or because we are counting the wrong heads, there seem to be a lot of suburban middle class kids sniffing glue. This parallels the rising known incidence of middle class and suburban delinquencies, but we don't know if these figures are related. With that reservation, there are some differential characteristics of glue versus narcotics use.

Differential Characteristics. With glue sniffing, there is no use of a spike or a nail. There's no mainlining; there is instead pouring some glue into a cloth which is then put onto the face. Sometimes they both put the cloths on the face and then wrap themselves in a plastic bag from the dry cleaners, or other cellophane bags, tie the bag around the head, and walk around with that for a few minutes. There's a rather instantaneous euphoria, with gradually increasing incoordination. The difficulty with that method is that one can pass out with the bag on, and it can turn into a lethal experience. While I'm not an alarmist, clearly, this can be dangerous. Some people have reported in the literature (medical people, psychiatric people, and others, presumably well-qualified), that it is possible to use the term addiction, for glue-sniffing; i. e., to say that a physical dependency develops. There are blood and urine measures to test for addiction; also there is the matter of withdrawal symptoms such that removal of availability of the substance leads to a withdrawal syndrome.

It should be noted, however, that there is a considerable literature growing, which holds that the withdrawal syndrome is really an acted out birth trauma; that the problem of physical dependence needs to be re-thought; that withdrawal is "just" an excuse for acting out some separation anxiety. I don't know about that "just." Sniffers develop tolerance, as you know. There is euphoria, but unlike the narcotics scene, you develop locomotor incoordination, whereas with narcotics you sort of "cool it" someplace, and "goof." With glue, there are perceptual problems (e. g., double vision) that are not as frequently encountered in the narcotics scene. There is no doubt from the literature and from the few cases I have interviewed that there is psychological

dependency (habituation). And, as we've heard, the dangers of the medical aspect seem to have been inflated in the public mind and are not reflected in the published medical literature. There is, in addition, a sociological difficulty: the price of glue, the availability of glue and the social status of glue are significantly different than the corresponding aspects of narcotic drugs. Hence, one of the things that I would like to investigate is what I would call "iatrogenic backlash." Iatrogenesis refers to an illness caused by the curing person. Society in its efforts to get rid of the terrible bane of heroin and also pot and various other illegal substances, has made it rather difficult for people to use these substances. It now seems that youngsters are turning to those which are not as illegal, or as difficult to get, which are then said to produce equivalent "horrors." I think we need to investigate this aspect of "legal deference."

### Theoretical Approaches

From that basic summary of the comparison of the narcotics scene and the glue scene what do we really want to know? There are two things that I want to know, and I hope you share my curiosity. The first question is the epidemiological question: Why are glue sniffers younger than typical addicts? But even if one were able to produce figures, and I think one can do so, that the youth subculture is growing, that is, that it is getting younger and older, that there is a bigger age-range in the youth subculture, even if that is so, even if you can show why there is more deviance in younger ages--we still have the clinical question of choice of symptom. In other words, why glue? I don't think the anomie theorists answer this question.

I will present some guidelines for answers to these questions. The first question: Why are they younger? is not so hard because there is a wealth of sociological literature on why the youth subculture is larger. The second question is tougher. There we need clinical insight.

Sub-Cultural Theory. There are a number of writers on this whom I admire. One is Marvin Wolfgang who wrote a paper for the Crime Commission which puts many theoretical strands together in a nice tapestry. He wrote that the youth subculture is growing

in its age span because there is, on the part of young people, simultaneously a demand for independence from the family, which is encouraged by the culture at large, and, at the same time, an increased dependency on the family, because of such things as the need for extensive schooling for the limited opportunity structure which the job market represents. In other words, both family and school are socializing dependency-independency conflicts in new ways.

(It needs to be recognized I think that the school does stand in loco parentis, and that the family has given up a good deal of its parentalizing function to the school. But I think it has not been recognized that the school is by and large the feminine principle of in loco parentis, and what is increasingly happening, and, I think one of the reasons that we're here today, is that the law is being brought into the field as the male principle of in loco parentis. Psychoanalytically speaking, the school feeds, as a mother feeds, and the law limits, or manifests authority, as the father does.)

Another writer I admire, whose work is relevant here, is Cohen, who just published a book called The Transition From Childhood to Adolescence. In it, he documents the principle thesis of this talk: that the transition from childhood to adolescence, not the transition from adolescence to adulthood, is the problem that glue is being used as the medication for. Heroin I would say is largely a post-pubescent anaesthetic, as I have written elsewhere.\* I think glue is a specifically pubescent anaesthetic. That is, addicts present a different stage of pathology than sniffers.

The impact of Wolfgang's work, and that of Cohen, is supported by other writers.\*\* In my view, these writers point to a gradually worsening picture of age stratification, in which intergenerational cooperation is becoming increasingly difficult. Kids, in short, are finding it harder than ever to regard the parental generation as valid models for adulthood. More and more,

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\*"Adolescence, Addiction, and Achrany," in R. Endleman, Personality and Social Structure, Random House, 1967 (in press).

\*\*Van Gennep, and others have written on other age-specific transitions and related forms of deviance.

subculture is forced into the impossible posture of parentalizing itself. In my view, it isn't working for all too many teens, nor, for that matter, for very many parents.

Family Theory. Another paper presented to the President's Commission, written by Jackson Toby presents vivid evidence that teens in many of the industrialized nations are experiencing similar subcultural plights, but Toby shows, in addition, that teens blame their parents for their unhappiness. In one case history, we are shown a young Japanese boy who struck his father because his father wouldn't buy him a car. I pass over the fact that striking one's father is almost unthinkably disrespectful in the Japanese culture. What is noteworthy is the fact that, in this particular family, there wasn't even a family car. The father himself did not own a car, yet the boy unleashed his aggression, not only on the family, but in a typically "delinquent" style.

In his paper, Toby also performed some literary tricks. He presented other case histories, and you say to yourself, while reading, "Oh sure, I've seen those kids in Harlem." But the cases were not drawn from Harlem--they were Yeminite kids or Laplander kids. By disguising all the data except the actual quotes, he shows that the same thing happens all over the world. Kids are getting more and more angry because paradoxically the family will not give them the independence that they demand, blindly overlooking the contradiction that if you are dependent on the family for independence, it's not the kind of independence that you say you want. Toby concludes that this is beginning to be a cross-cultural phenomenon, related to the "industrially absent father" first described by Parsons and Cohen. The youth subculture is growing, and along with it, delinquency is increasing.

If it is true that there is more deviance in the youth subculture because the youth subculture is getting to include more kids because the family is giving up its functions, because the school is taking over the maternal role and industry and the law are taking over the paternal role, the question remains--"why glue?"

Psycho-Social Dynamics. I enter here the formal psychodynamic portion of the paper. Some people are afraid of, or ridicule, or both, the psychodynamic perspective. I will simply synthesize its basic postulate in one sentence as follows:

All you have to do to accept what I'm about to say is agree that infants learn patterns of feeling very early in life and that if the social structures in which they learn those patterns of feelings do not majorly change, they will continue to feel those patterns of feelings throughout most of their lives. That's all there is under Sigmund Freud if you look close.

Now there have been a number of cases of what I will call "respiratory deviance." Breathing wrong means it's not allowed or it's ill or it has a negative or low social status. For example, asthma, and tuberculosis, both of which are highly correlated with alcoholism and with early oral deprivation. We have in our country right now a national concern with cigarette smoking and air pollution and it causes me to wonder whether there is not some connection between the fact that the first conference on glue sniffing takes place in the mile high city, which is very conscious of oxygen consumption and its deviations.

There are brandy connoisseurs who get drunk. They are matched by people who sniff snuff or cocaine. WE know about ether frolics in the 19th century, a regular form of party which still takes place sometimes when the interns are all off at the same time, and, rather than drink and get uncoordinated, they just sniff ether and get high for a couple of hours. Freud himself, in the case of the Wolf man reports that he (Wolf man), felt it necessary to exhale, to breathe out, whenever he felt it was possible that he would become like the person he was talking to. And he would blow at them to indicate (to them) that he did not want to take them in.

One of Freud's pupils--a man named Harnik--did an investigation and extensive study of breath dynamics--not only a psychoanalytic study but one of the first cross cultural studies. He found that the "breath of life" or "mana" or "spirit" or "soul" or "anima" or "air" is so present in mythologies and scattered throughout the ethnographic literature that it was simply indubitable that most of the people being studied by Freudian anthropologists had a literal belief that life began by having the breath of life infused, and that taking the first breath of life had to do with the relation between the infant and his ancestors. Very often the breath that was taken in by the infant, that gave him life, was said to be the spirit of a particular ancestor, usually a same sex ancestor. When the infant turned out to have a gender that didn't

go with his biological sex, (a little "queer") it would be explained that there was an accident--that the wrong ancestor-spirit had been incorporated and that this was the explanation for it. What could one do? One had a god of the wrong sex within one.

Harnik further pointed out that the most primitive form of death anxiety has to do with a fear of suffocation. (When I say most primitive, I usually mean the oldest stratum of the psyche, i. e., the earliest stratum of the psyche to be formed.) Harnik pointed out that hyperventilation is related to that death-anxiety picture. You can experience this any time you want to. If you want a quick "high" just sit in a corner and breathe in very deeply, then exhale quickly. Do that about 15 or 20 times and you get both afraid and high as a kite. This is because breathing has to do with the oxygenation of cortical tissue. Hyperventilation is frequently an unconsciously prodded response to anxiety, because anxiety sometimes feels like you are short of breath and there is a gasp, a quick intake that has to do with fright; it is as if you were going to be asphyxiated--ie., deprived of the very breath of life. It remained to be pointed out by Fenichel that respiratory innervation and anxiety innervation overlap if you were to draw them on neurological charts.

Finally, just to mention some more cases of respiratory deviance, you will find that in the Christian Baptism ceremony, which is still practiced widely, there is an attempt on the part of priests to exorcise the "devil" or "satan" or evil spirits and to "inspire" the infant by breathing in the spirit of Christ. There seems to be a connection between the meaning of breath at very infantile, primitive levels of the psyche, primitive levels of ethnography, and religious myths, which have to do with origin and being born. There are connections between these meanings and the meaning of the use of glue.

Otto Fenichel has written I think, the definitive psychoanalytic essay in this area. It is from him that I bodily stole the title of this paper. He called his essay "Respiratory Intrajection." He talks there about the fact that in dreams, in free associations, and in clinical interviews with many patients it became clear to him that Freud's depiction of the oral stage of development had been insufficiently rich in that Freud paid little attention to the fact that prior to sucking and the use of the mouth as the source of

sustenance, of taking in fluids, there is also breathing. Frequently infants breath this way exclusively.

Fenichel further distinguished very carefully between olfaction and respiration. They are not identical. That is to say, you can take in air but that air can also have a smell. And we know that there is a very large connection between air we take in that has a smell and taste. I remember that in college we performed interesting experiments such as making it impossible to smell something and then trying to taste it. It gets to be rather difficult for many substances. Often, smell is part of taste.

Now, as you might expect, Fenichel will call some of these feelings "respiratory eroticism," because as you know, the standard psychoanalytic theory has to do with the development of erotic feelings. But "erotic" is rather widely defined; it doesn't mean just genital pleasure. For example, ethnographically, we can point to the Eskimo--who enjoy a form of kissing which Westerners imitate by rubbing noses. But, that isn't all it is; it's exchanging air--blowing and receiving in a rather elaborate rhythm. So that if you get to know how to "neck" in Eskimo culture, you're exchanging air in a rather titillating way. (The pun is deliberate.)

Thus, Fenichel and other psychoanalysts point to the fact that there's something like a "pre-oral" or "co-oral" mechanism involved in respiratory eroticism. That is to say, the oral stage of development is not the first, since prior to that, there is the development of breathing. Perhaps the reason why this sounds unfamiliar is related to the fact that, in our civilization, as Ronald Laing has said recently at the New York Academy of Medicine, olfaction is hugely repressed; we do not like to regard smell cues as the sources of our behavior. There are only a few situations in which we're allowed to smell, but otherwise we don't usually do so. One can generally use the word "smell" as a pejorative term.

These feelings, I suggest, are the psychodynamics of respiration, and they are, I feel, involved in glue sniffing. I think that something that has to do with respiratory eroticism is involved, and that this something is also involved with what we might call the first act of life--which is breathing, and the last act of life, which is called expiring. And if you'll take a little symbolic leap with me, in psychoanalytic literature, this "taking in" life, and "giving

out" life--the very breath of life itself--is the level at which I think the psychodynamics of glue sniffing have got to be investigated (if you're going to investigate the psychodynamics). I am alleging, therefore, that glue sniffers are trying to do something about feelings of being born, and fears of dying--that is to say, taking in the very breath of life from their society, and feeling that they might otherwise suffocate in that society by reason of suffocating deprivations.

The fact that glue sniffers are taking in an euphorogenic substance, something that gives them a "high," is referred to psychoanalytically as an attempt to incorporate a life giving spirit. Psychoanalytically, the source of life principle is, of course, the mother. So one would expect that in these families where there is usually an absent or a tyrant father, a continuing oral, or pre-oral dependency on the mother figure; and that kids who have that kind of dependency situation will attempt to breathe in--or take in--the source of life: to intraject, respiratorily, the maternal life principle.

The fact that glue is an euphorogenic substance simultaneously anesthetizes the death anxiety which is felt when one is taking in life itself. After all, it can be pretty frightening if you don't breathe right, you die. And the fact is, glue can kill. If it couldn't, I don't think it would be used, because if it weren't dangerous enough, it wouldn't be seen as powerful enough.

Similarly, it removes inhibitions, like alcohol does, and permits fantasies. Of what sort? In the cases I have read, those from the psychiatrists I've interviewed, and in the kids that I've interviewed, it permits specifically masturbatory fantasies of the hetero- and homosexual kind. But they are not intercourse fantasies. They are pregenital--they are play fantasies. So one cannot, I think, in this situation, refer strictly to Oedipal motivations, or to incestuous motivations. This is not so of the junkies. Narcotics people have very clear incestuous motivations and very clear castration anxieties with respect to fathers. This is not so with the glue sniffers, to my limited knowledge and to the extent that I've read the literature. It is more so that there is an attempt at fusion with the life principle--not the breast-the life principle which is classically known as mysticism. The fact that Spanish-American culture, Puerto Rican-American culture, Negro-American culture are highly religious, or religionist cultures, is not without bearing.

At the deepest levels, the psychodynamics seem to be as follows: There is an attempt to incorporate the life principle. This incorporation is a form of respiratory cannibalism. This cannibalism is dangerous because it kills. This killing endangers the protracted dependency. Therefore, there is an excitement of a talion danger: i.e., of retaliation. If you breathe in the source of life, you've now got it inside of you but there maybe no more left outside. And it may retaliate--it may attempt to do the same thing to you--it may attempt to breathe in your life principle. And then you may die.

The fact is that this incorporative mechanism is very like identification, and at the deepest levels, taking in a maternal life principle is also taking in a maternal identity; which leads to an homosexual identification, which is also terribly panicful, and also needs anesthetizing, which the glue happily does.

The deepest levels of regression can be attained with this substance. It is possible to reach an extremely infantile, psychotomimetic state--that is, a state which mimics a psychosis. And as you know, the final state can also be reached--it can be killing. One can die from it, suicidally.

I would argue, then, in summary, that from the family perspective, the subcultural perspective, and the psychoanalytic perspective, in their confluence, we not only have younger deviants, but we also have--in families where there is extreme maternal emotional gratification and dependency, aggravated by paternal absence--a form of respiratory incorporation, which is even prior in its psychodynamic meaning to narcotic addiction, and is therefore extremely primitive.

These three levels of approach are--in the studies that I am doing--baselines for new directions in research, which I will now try to summarize very briefly. Two psychiatrists named Hoffer and Osmond, who may be known to you as a result of their LSD research, have published several papers. It is their feeling that a good way to understand mood or the continuity of affective time--long-range feelings--is to research people's perceptions of temporal process, that is to say, how they feel about time. That doesn't mean clock-time; it means social time, it means life time: what stage of life one is "in"? How one feels about getting to the stage one wants to get to? How is it now that you're there, and how does it feel looking back and etcetera: in short, the effective experience of process.

My own work, and I can barely summarize it here, says that people directly sense the process of their lives emotionally; they feel the temporal aspect of living. More specifically, rather than refer to anomie, or to alienation, or to anxiety, which are the three models that lie behind the three kinds of data I have presented, I would rather coin a new word which Shakespeare described nicely when he wrote "the time is out of joint." When the rate at which you feel your life is going is painfully slower than the rate at which you most deeply desire your life to go, you have (an alpha privative in front of the Greek word for time) achrony--not anxiety; not anomie, not alienation. The time is out of joint for you.

Hence, I would argue that in the glue sniffing population, it is the very breath of life which seems to be receding from them; and there is an attempt on their part to intraject it respiratorily, to take in, to breathe in, more rapidly, some childish image of a happy life, an euphorogenic substance. In my view there is not only an increasing distance between the generations, but the pace at which success in this life is evading our most alienated minorities is, I believe, rapidly increasing. Now this rate discrepancy (i. e., achrony) between the possibility of "making it," and feeling that you're not making it, at the respiratory level of development, is the reason I believe that it's used as a subcultural medication.